

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 05 2013
Bayfield Co. Zoning Dept

Permit #: 13-0051
Date: 8-19-13
Amount Paid: \$185
Refund: 8-5-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Andreas David / Julie Christensen	Mailing Address: 414 Bryant Ave S. #4	City/State/Zip: Minneapolis, Mn, 55409	Telephone: 612-251-3817
Address of Property: 6366 Trout Lake Road	City/State/Zip: Delta, WI, 54856	Contractor Phone: Plumber:	Cell Phone: 870-3076
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: NE 1/4, SW 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-016-2-46-08-04-3 01-000-10000	Recorded Document: (i.e. Property Ownership) Volume 2012 SLS 204 Page(s) 1088 1711
Gov't Lot	Lot(s)	CSM	Vol & Page
Lot(s)	CSM	Vol & Page	Lot(s) No.
Block(s) No.	Subdivision:	Lot Size	Acreage 4.410
Section 4, Township 46 N, Range 8 W	Town of: Delta		

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes--continue -->	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	Distance Structure is from Shoreline: 130 feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$40,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 32'	Width: 20'	Height: 25'
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(X)	
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(20 X 32)	640
<input checked="" type="checkbox"/> with Loft		(11 X 20)	220
<input checked="" type="checkbox"/> with a Porch		(X)	
<input checked="" type="checkbox"/> with (2 nd) Porch		(X)	
<input checked="" type="checkbox"/> with a Deck		(X)	
<input checked="" type="checkbox"/> with (2 nd) Deck		(X)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(X)	
<input type="checkbox"/> Mobile Home (manufactured date)		(X)	
<input type="checkbox"/> Addition/Alteration (specify)		(X)	
<input type="checkbox"/> Accessory Building (specify)		(X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(X)	
Rec'd for Issuance		(X)	
AUG 19 2013		(X)	
Other: (explain)		(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 08.01.2013

Authorized Agent: [Signature]
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit 4144 Bryant Ave S. #4 Minneapolis, Mn. 55409

Attach

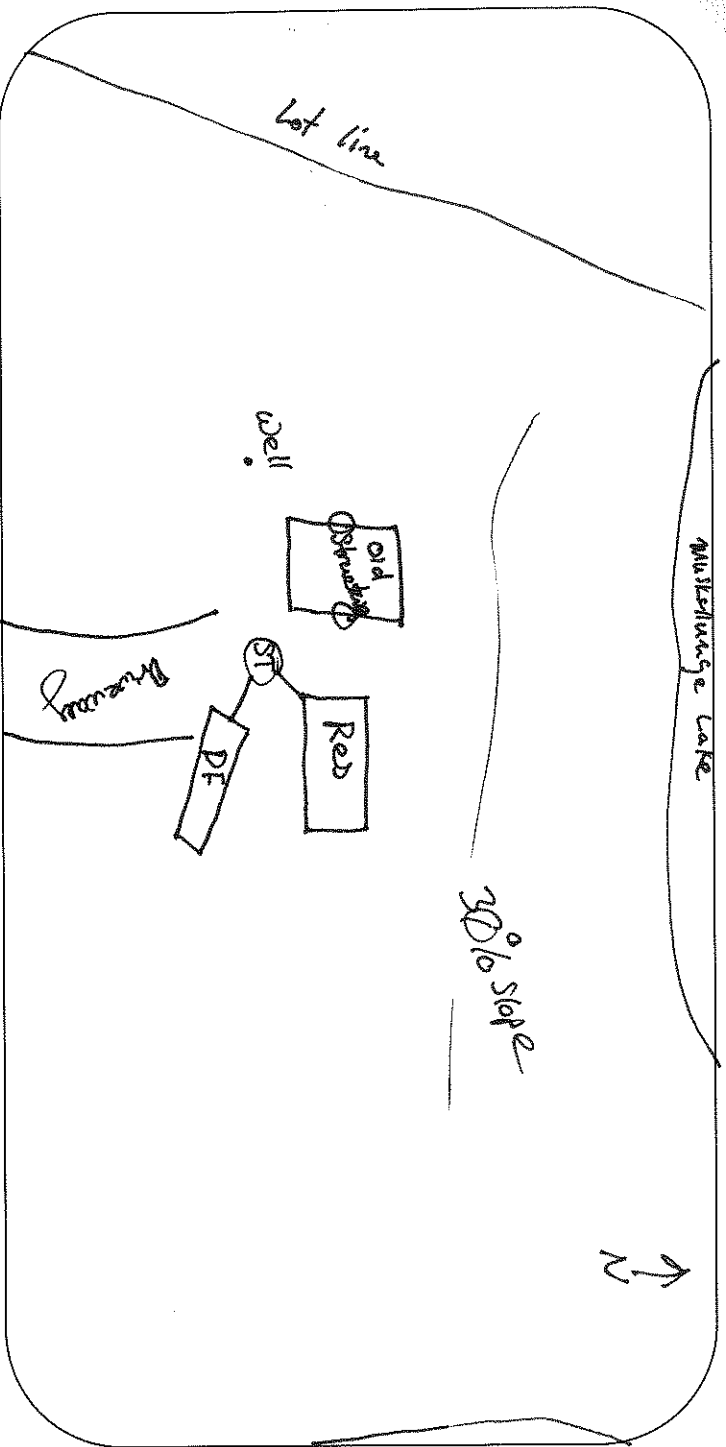
Copy of Tax Statement

If You recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	2,700 Feet	Setback from the Lake (ordinary high-water mark)	130 Feet
Setback from the Established Right-of-Way	2,700+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	2,850 Feet	Setback from Wetland	130 Feet
Setback from the West Lot Line	400 Feet	Setback from 20% Slope Area	30 Feet
Setback from the East Lot Line	180 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	100 Feet
Setback to Drain Field	35 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 31755	# of bedrooms: 2	Sanitary Date: 8-25-82		
Permit Denied (Date):	Reason for Denial:					
Permit #: 13-0051	Permit Date: 8-19-13					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Yes <input checked="" type="checkbox"/> No	Case #:	Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record:	Meets all setbacks.					
Date of Inspection: 8-7-13	Inspected by: M. Furtak					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
Signature of Inspector: M. Furtak						
Held For Sanitary: <input checked="" type="checkbox"/>	Held For TBA: <input type="checkbox"/>	Held For Affidavit: <input type="checkbox"/>	Held For Fees: <input type="checkbox"/>	Date of Approval: 8-8-13		

Juice Cane
to pick up
Sanitary Permit
for Pumping to
SAND - TEN 8-12
230 PM

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 13 2013
Bayfield Co. Zoning Dept.

Permit #: 13-085
Date: 8-20-13
Amount Paid: \$75
Refund: 8-14-13

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Andrew T. Einspanier	Mailing Address: 13670 SCENE IRON RIVER W. 5487	Telephone: 715-392-4299
Address of Property: gln/State/Zip:		Cell Phone: NO
Contractor: SELF	Contractor Phone:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION SW 1/4, SE 1/4		PIN: (23 digits) 04 016-2-46-07-02-4 03-000-1000
Legal Description: (Use Tax Statement)		Recorded Document: (ie. Property Ownership) Volume 1037 Page(s) 481
Gov't Lot	Lot(s)	CSM
1	1	10.61
Vol & Page	Lot(s) No.	Block(s) No.
10.61		
Section 07, Township 46 N, Range 07 W	Town of: DEER	Lot Size
		Acreage 6.15

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline: 384 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline: feet		
<input type="checkbox"/> Non-Shoreland				

Value at time of Completion * include donated time & material \$ 20,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: CONV.	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 24'	Height: 15'
Proposed Construction:	Length: 24'	Width: 24'	Height: 15'

Proposed Use	<input checked="" type="checkbox"/> Residential Use	Proposed Structure		Dimensions	Square Footage
		<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Loft	<input type="checkbox"/> with a Porch	<input type="checkbox"/> with (2nd) Deck	<input type="checkbox"/> with Attached Garage
		<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/> Accessory Building (specify)
Rec'd for Issuance	AUG 19 2013	<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/> Other: (explain)	
		Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the accuracy of the information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed) All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 13670 SCENE DR IRON RIVER W. 54873
Date 8-13-13
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Copy of Tax Statement Attach
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE
ATTACHED

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300+ Feet	Setback from the Lake (ordinary high-water mark)	400+ Feet
Setback from the Established Right-of-Way	800+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	300+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	370+ Feet	Setback from Wetland	380+ Feet
Setback from the West Lot Line	130+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	490+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	50+ Feet	Setback to Well	50+ Feet
Setback to Drain Field	50+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0057		Permit Date: 8-30-13		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Deed of Record <input type="checkbox"/> Yes (fused/contiguous lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Well staked. Meets all setbacks.		Zoning District (RRB) Lakes Classification (2)		
Date of Inspection: 8-16-13	Inspected by: M. Furtak	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
May not be used for human habitation. No water under pressure in structure				
Signature of Inspector: Michael Furtak		Date of 8-29-13		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

NEAREST NEIGHBOR

Proposed
Grass
24' x 24'

